

HISTORICAL DISTRICT TAX CREDIT APPLICATION FORM

In order for applicants to receive an historical tax credit, they must apply before October 1st for the fiscal year in which they are applying.

I. APPLICANT

RECEIVED BY COUNTY MANAGER'S OFFICE
DATE: _____

Name of Applicant: _____ Phone: _____

Address: _____

Property Location: _____

I hereby make oath that I am the present owner of the above property and that the above information is true and correct to the best of my knowledge and information.

Signature of Applicant

Date

II. CITY OF FREDERICK

RECEIVED BY PLANNING OFFICE
DATE: _____

I certify that the above property is located in the historic district of Frederick City.

Historic Preservation Planner, City of Frederick

Date

III. FREDERICK COUNTY

RECEIVED BY PLANNING OFFICE
DATE: _____

I certify that the above property is listed in the Frederick County Register of Historic Places.

Historic Preservation Planner, Frederick County

Date

IV. STATE DEPARTMENT OF ASSESSMENTS AND TAXATION

RECEIVED BY ASSESSMENTS OFFICE
DATE: _____

First full year the improvements were added to the assessment roll: _____

Increase in assessment attributable to reconstruction and improvement of property in the above historic district:

\$ _____ Account No. _____

Supervisor of Assessments

Date

V. BOARD OF COUNTY COMMISSIONERS

Fiscal Year of
Tax Credit

Assessment
Increase

Tax
Rate

% of
Exemption *

Amount of
Exemption

_____ \$ _____

President

Date

Board of County Commissioners

* THIS IS THE _____ YEAR THE APPLICANT HAS APPLIED FOR THE TAX CREDIT.